



## Office of Risk Management

### **Student Accident Procedures**

- If the injury is serious or there is potential for internal injuries, call 911 IMMEDIATELY.
- Do not encourage the student to "shake it off" even if there is not visible evidence of an injury. ALL complaints should be taken seriously.
- Notify Risk Management via phone and email immediately. Provide a hard copy of the accident report. (310)886-1600 ext. 8053 or cell (323)949-6031; [tbell@mylusd.org](mailto:tbell@mylusd.org)
- Student is to report to Health Aide/Site Secretary at the site the incident occurred.
- Report is to be filled out by Health Aide, Site Administrator and/or any staff that witnessed the accident and be returned to Risk Management.
- The parent/guardian or those listed on the emergency data card should be contacted immediately. If no one is available, seek appropriate medical treatment.
- If an injury is minor and treated with first aid, notify the parent/guardian of the student.
- Photos should be obtained.

**This report is confidential for transmission to attorneys for the District in the event that litigation arises out of this incident**

# LYNWOOD UNIFIED SCHOOL DISTRICT



## Student Accident Report

If a student is injured, the supervising employee of the injured student should complete this report. Submit the completed report immediately to the Principal's Office and to Risk Management.

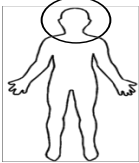
Name of School	School Telephone Number
Name of Injured Party/Student	Is the Injured Party a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____ Age: _____
Home Address	Telephone Number of Injured Party
How Did the Accident Occur? (Attach Additional Sheet if Needed)	Date and Approximate Time of Accident
Nature of the Injury	Where Did the Accident Occur?
Injured Person Transported to a Medical Facility? <input type="checkbox"/> Yes – Name of Facility _____ <input type="checkbox"/> No	First Aid Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please Answer the Following Questions for Student Injuries**

Employee in Charge of Injured Student at Time of Accident	Was Employee Present at Time of Accident <input type="checkbox"/> Yes <input type="checkbox"/> No
Was a School Rule Violated? If so, explain.	
Have the Parents Been Contacted? If so, what was their response? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments	

**Section B**

**CALL PARENT FOR ALL HEAD INJURIES**



A head injury is any injury or trauma that occurs within the circle to your left. If any student incurs a head/neck injury, please contact administration immediately. **If this is an emergency, call 9-1-1. If child does not require emergency assistance, staff is required to contact parent/guardian and seek direction. If parent can not be reached, protocol is to have child evaluated by school nurse or emergency medical responders.**  
Cause of head Injury: \_\_\_\_\_

Child behavior/disposition: \_\_\_\_\_

Loss of consciousness?  Yes  No      Was 9-1-1 Contacted?  Yes  No      Ambulance Required?  Yes  No

Name of parent/guardian contacted: \_\_\_\_\_ phone Number called: \_\_\_\_\_

Direction from parent: \_\_\_\_\_

**Witness Present at Time of Student Accident**

NAME	ADDRESS	TELEPHONE
Report Submitted by	Position	
Signature	Date	
Signature of School Principal	District Office Signature	